



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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June 11, 2008

John Hoopes, Administrator
Caribou Memorial Hospital
330 South 3rd West
Soda Springs, Idaho 83276

RE: Caribou Memorial Hospital, provider #131309

Dear Mr. Hoopes:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at your facility, Caribou Memorial Hospital, on June 3, 2008.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, State form, which states that no State deficiencies were noted at the time of the survey.

Also enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

John Hoopes, Administrator
June 11, 2008
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Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **June 24, 2008**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

A handwritten signature in cursive script, reading "George H. Ricard".

GEORGE H. RICARD
Health Facility Surveyor
Facility Fire Safety and Construction Program

GHR/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/09/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131309	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2008
NAME OF PROVIDER OR SUPPLIER CARIBOU MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 300 SOUTH 3RD WEST SODA SPRINGS, ID 83276		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 000	<p>INITIAL COMMENTS</p> <p>The facility is a two story, fire resistive construction building. The plans were approved in May 1967. Hazardous areas are protected by an automatic fire sprinkler system and there is full smoke detection coverage. Currently the facility is licensed for 25 hospital beds. In addition there are 37 NF beds in the upper level.</p> <p>The following deficiencies were cited during the annual fire/life safety survey conducted on June 3, 2008. The facility was surveyed under the Life Safety Code 2000 Edition, Chapter 19 Existing Health Care Occupancy adopted March 11, 2003. In accordance with CFR 42, 483.70</p> <p>The surveyors conducting the survey were:</p> <p>George H. Ricard Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p> <p>Mark P. Grimes, Supervisor Facility Fire/Life Safety and Construction Program</p>	K 000	<p>RECEIVED</p> <p>JUN 23 2008</p> <p>FACILITY STANDARDS</p>	
K 017	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may</p>	K 017		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14

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K 017	<p>Continued From Page 1</p> <p>be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>This Standard is not met as evidenced by: Based on observation, it was determined that the facility had not ensured penetrations were sealed above suspended ceiling adjacent to smoke rated doors with fire rated sealant.</p> <p>The findings include:</p> <p># 1 Observation on June 3, 2008 at 11:12 AM disclosed that penetrations above the smoke doors adjacent to the ground floor elevators were not completely sealed with fire rated sealant. Penetrations unsealed have the potential to allow smoke to infiltrate smoke protected corridors, exit accesses and exit discharges. This was observed by the maintenance engineer and surveyors.</p> <p># 2 Observation on June 3, 2008 at 11:43 AM disclosed that penetrations above the smoke doors adjacent to room 113 were not completely sealed with fire rated sealant. Penetrations unsealed have the potential to allow smoke to infiltrate smoke protected corridors, exit accesses and exit discharges. This was observed by the maintenance engineer and surveyors.</p> <p>#3</p>	K 017	<p>#1 All penetrations were filled with fire stop, and a new policy has been written requiring all contractors to meet with maintenance to ensure that all penetrations are filled.</p> <p>#2 All penetrations were filled with fire stop, and a new policy has been written requiring all contractors to meet with maintenance to ensure that all penetrations are filled.</p>	<p>6-16-08</p> <p>6-16-08</p>	

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K 017	Continued From Page 2 Observation on June 3, 2008 at 1:24 PM disclosed that penetrations above the smoke doors adjacent to the 1st floor laboratory were not completely sealed with fire rated sealant. Penetrations unsealed have the potential to allow smoke to infiltrate smoke protected corridors, exit accesses and exit discharges. This was observed by the maintenance engineer and surveyors.	K 017	#3 All penetrations were filled with fire stop, and a new policy has been written requiring all contractors to meet with maintenance to ensure that all penetrations are filled.	6-16-08
K 021	NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of: a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2 This Standard is not met as evidenced by: Based on observation it was determined that the facility had not ensured self-closing doors were free of obstructions to completely latch properly to provide a smoke resistant seal. Only devices arranged to automatically close through fire detection systems are permitted.	K 021		

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K 021	Continued From Page 3 The findings include: Observation made on June 3, 2008 at 2:33 PM disclosed that the existing self-closing doors to the maintenance shop, maintenance garage, boiler room and incinerator room were propped open by wedges and or door holders. Lack of a self-closing door would allow smoke to permeate the smoke corridors of the basement, exit accesses, and exit discharges. This was observed by the maintenance engineer and surveyors.	K 021	Door holders removed by maintenance.	6-04-08
K 029	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This Standard is not met as evidenced by: Based on observation it was determined that the facility had not ensured smoke resisting self-closing doors were installed and operational in required locations. Findings include: Observation made on June 3, 2008 at 2:25 PM	K 029		

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K 029	Continued From Page 4 disclosed that the existing doors to the central supply storage, laboratory and maintenance shop were not self-closing types. Lack of a self-closing door would allow smoke to permeate the smoke corridors of the basement, exit accesses, and exit discharges. This was observed by the maintenance engineer and surveyors.	K 029	Maintenance shop had self-closing door, the doors are now kept closed and locked.	6-16-08
K 050	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This Standard is not met as evidenced by: Based on record review and staff interview it was determined that the facility had not ensured fire drills were documented for the last 3 quarters of 2007 and the 1st quarter of 2008. The findings include: Record review on June 3, 2008 at 10: 26 AM disclosed that fire drill documentation was not able to be provided for the seven of 12 required fire drills were unavailable for review upon request. 1st and 2nd shifts for April through June 2007, 1st and nocturnal shifts for July through September 2007, Nocturnal shift for October through December 2007. The newly assigned	K 050	The Lab and Central Supply storage will have self-closures on the doors installed by	6-27-08

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K 050	Continued From Page 5 maintenance engineer stated he could not provide the records upon request. Lack of fire drill training could result in staff not performing properly in a fire emergency.	K 050	<p>We now have a mandatory (for all department heads) safety committee meeting once a month before the department head meeting. By keeping things on the agenda we have been doing a good job following up on our various safety inspections, etc. Effective with the 6-19-08 safety meeting, we have added fire drills and training to the safety committee agenda, and this will ensure that fire drills and training is remembered and is provided on the required basis.</p> <p>The CEO took a picture of the lift left in the egress, then put the lift in its place, and wrote a memo to the nursing and housekeeping staff reminding them that nothing can be left in the egresses. This will also be monitored by our safety committee starting with the June meeting.</p>	
K 072	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This Standard is not met as evidenced by: Based on observation it was determined that the facility had not ensured the means of egress hallway was free of obstructions to maintain full instant use in case of fire or other emergency.</p> <p>The findings include: Observation made on June 3, 2008 at 11:24 PM disclosed that a patient lift adjacent to room 113 was obstructing the means of egress. Lack of obstructive free means of egresses can cause an impediment to egress in case of fire and other emergencies. This was observed by the maintenance engineer and surveyors.</p>	K 072		6-19-08
K 106	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Hospitals, and nursing homes and hospices with life support equipment, have a Type I Essential Electrical System powered by a generator with a transfer switch and separate power supply. The EES is in accordance with NFPA 99, 3.4.2.2,</p>	K 106		6-19-08

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K 106	<p>Continued From Page 6</p> <p>3.4.2.1.4.</p> <p>This Standard is not met as evidenced by: Based on observation it was determined that the facility had not ensured an emergency backup light fixture was provided in the emergency generator room.</p> <p>The findings include:</p> <p>Observation made on June 3, 2008 at 11:04 AM disclosed that the existing emergency generator room was not provided with an emergency backup light fixture. This will allow illumination to the generator instrument panel. This was observed by the maintenance engineer and surveyors.</p>	K 106	<p>Maintenance installed a back-up light in the emergency generator room.</p>	6-13-08	

Bureau of Facility Standards

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B 000	<p>16.03.14 Initial Comments</p> <p>The facility is a two story, fire resistive building. The plans were approved in May 1967. The building automatic fire sprinkler system provides partial protection in hazardous areas. The building occupancy consists of a nursing home and hospital. Nursing home residents are located on the upper level with exits to finished grade. The facility was surveyed under the Life Safety Code, 2000 Edition, Existing Health Care Occupancy and in accordance with IDAPA 16.03.14 Rules and Minimum Standards for Hospitals.</p> <p>Federal deficiencies were cited during the fire/life safety survey under federal K tags, K17, K21, K21, K29, K50, K72, and K106 on the federal CMS 2567 form.</p> <p>The surveyors conducting the survey were:</p> <p>George H. Ricard Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p> <p>Mark P. Grimes, Supervisor Facility Fire/Life Safety and Construction Program</p>	B 000	<p>RECEIVED</p> <p>JUN 23 2008</p> <p>FACILITY STANDARDS</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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